PATENT APP	LICATION	FEE	DETERMINATION	N RECORI	D
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Effective October 1, 2000

Application or Docket Number

BYOCPORY

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		ΛB	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		9 /				ſ	RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		•	BASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS 26 minus 20			ıs 20=	20= * 6			X\$ 9=	sy	OR	X\$18=		
IND	EPENDENT CL	g min	8 minus 3 = * 5			X40=	200	OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	609	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER T				
	YGY I	(Column 1) CLAIMS		(Colui		(Column 3)	l r	SWALL			OWALL	
ENT A		REMAINING AFTER AMENDMENT	Callery	NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
L	FIRST PRESE	NIATION OF W	OLTIFEE DEF	LINDLIN	CLANV		'	+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Calumn 1)		(Calu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	
		(Column 1) CLAIMS			HEST	(Column 3)	l r	ī	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NOW	Total	*	Minus	**	<u>-</u>	=	▋┃	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=	. [X40=		OR	X80=	,
L	FINOT PRESE	NTATION OF W	OLTIFLE DEF	CNOCK	CLAIN		┙┃	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3))_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	┨┃	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	T CL AIR4	-	┨╏	X40=		OR	X80=	
<u> </u>	LINOI PHESE	MIATION OF M	OLITE DEF	CNUEN	I CLAIM		┙┃	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is I ss than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												